Agency Report		A Pub	lic Docume	ent	TICKETS I	NCY REPO
. Agency Name County of Los Angeles		······································	·	Date Stamp	California Form	802
Division, Department, or Reg					For Official I	Use Only
Board of Supervisors, Third	d District					
Street Address	÷					
500 W. Temple Street, Roo		eles, CA 9001	12			
Area Code/Phone Number	E-mail			Amendment (Must ex	kplain in Part 5.)	, ,
213-974-3333	Irangel@bos.lace	ounty.gov				
Agency Contact (name and title Liz Rangel				Date of Original Filling:	(month, day, yea	1)
. Event For Which Tickets			0	f		
Date(s) of Event: 12 /23	<u>09</u> Desc	cription of Eve	ent: Concert pe	rformed at Walt Disne	ey Concert Ha	III .
	/ Face	· Value of Tick	ret: \$ 100.00			
A						
Agency Event X Yes	☐ No (Identify		•	20		
Name of Outstale O	المساول بمعالم المراجعة	to Amonous L	os Angeles Ph	iinarmonic		
Name of Outside Source of	ncket(s) Provided	to Agency:				
	2		wided to Agenc	Au Cratuitaualu	Duranant t	. Cantu
Number of Tickets Received	2		ovided to Agend	y: Gratuitously	⊠ Pursuant to	o Contra
Number of Tickets Received	: 2	Ticket(s) Pro			⊠ Pursuant to	o Contra
	iving Ticket(s) (u	Ticket(s) Pro	on sheet for addi			
Number of Tickets Received Agency Official(s) Received	iving Ticket(s) (u	Пcket(s) Pro	on sheet for addi	tional names)	come to the Offic	cial or
Number of Tickets Received Agency Official(s) Received Name of Official	iving Ticket(s) (u	Ticket(s) Prouse a continuati	on sheet for addi State Whet Descri	tional names) her the Distribution is Inc	come to the Offic r the Distribution	cial or
Number of Tickets Received Agency Official(s) Received Name of Official(clast, First)	iving Ticket(s) (u	Ticket(s) Prouse a continuati Number of Tickets	on sheet for addi State Whet Descri	tional names) ther the Distribution is Inc be the Public Purpose fo	come to the Offic r the Distribution	cial or
Number of Tickets Received Agency Official(s) Received Name of Official(clast, First)	iving Ticket(s) (u	Ticket(s) Prouse a continuati Number of Tickets	on sheet for addi State Whet Descri	tional names) ther the Distribution is Inc be the Public Purpose fo	come to the Offic r the Distribution	cial or
Agency Official(s) Received Name of Officials, First) Joel Bellman	iving Ticket(s) (u	Ticket(s) Prouse a continuati Number of Tickets 2	on sheet for addi State Whet Descri retaining higl	tional names) ther the Distribution is Inc be the Public Purpose fo nly qualified county er	come to the Offic r the Distribution	cial or
Number of Tickets Received Agency Official(s) Received Name of Official(s) Received (Last, First) Joel Bellman	iving Ticket(s) (u	Ticket(s) Prouse a continuati Number of Tickets 2	on sheet for addi State Whet Descri retaining higl	tional names) ther the Distribution is Inc be the Public Purpose fo nly qualified county er	come to the Offic r the Distribution	cial or
Number of Tickets Received Agency Official(s) Received Name of Official(s) Received (Last, First) Joel Bellman	iving Ticket(s) (u	Ticket(s) Prouse a continuati Number of Tickets 2	on sheet for addi State Whet Descri retaining higl	tional names) ther the Distribution is Inc be the Public Purpose fo nly qualified county er	come to the Offic r the Distribution	cial or
Number of Tickets Received Agency Official(s) Received Name of Official(clast, First) Joel Bellman Individual or Organization	iving Ticket(s) (ucial	Ticket(s) Prouse a continuati Number of Tickets 2 cket(s) (Provi	State Whet Descri retaining high	tional names) her the Distribution is Inc be the Public Purpose fo nly qualified county er t of an agency official.)	come to the Offic r the Distribution	sial or
Number of Tickets Received Agency Official(s) Received Name of Official(s) Received Name of Official(s) Received Name of Official(s) Received Name of Behesting Agency Name of Behesting Agency	iving Ticket(s) (ucial	Ticket(s) Prouse a continuati Number of Tickets 2 cket(s) (Provi	State Whet Descri retaining high	tional names) her the Distribution is Inc be the Public Purpose fo nly qualified county er t of an agency official.)	come to the Officer the Distribution	sial or
Number of Tickets Received Agency Official(s) Received Name of Official(s) Received Name of Official(s) Received (Last, First) Joel Bellman Individual or Organization Name of Individual or Organization:	iving Ticket(s) (usial) on Receiving Ticket Official:	Ticket(s) Prouse a continuati Number of Tickets 2 cket(s) (Provi	State Whet Descri retaining high	tional names) ther the Distribution is Incobe the Public Purpose for an agency official.) Number	come to the Officer the Distribution in ployees	ial or
Number of Tickets Received Agency Official(s) Received Name of Official(s) Received Name of Official(s) Received Name of Official(s) Received Name of Behesting Agency Name of Individual or Organization Name Organiz	iving Ticket(s) (ucial	Ticket(s) Prouse a continuati Number of Tickets 2 cket(s) (Provi	State Whet Descri retaining high	tional names) ther the Distribution is Incobe the Public Purpose for an agency official.) Number	come to the Officer the Distribution	ial or
Number of Tickets Received Agency Official(s) Received Name of Official(s) Received Name of Official(s) Received Name of Official(s) Property Name of Behesting Agency Name of Individual or Organization: Address of Organization:	iving Ticket(s) (ucial	Ticket(s) Prouse a continuati Number of Tickets 2 cket(s) (Provi	State Whet Descri retaining high	tional names) ther the Distribution is Incobe the Public Purpose for an agency official.) Number	come to the Officer the Distribution in ployees	sial or

Liz Rangel

Comment: (Use this space or an attachment for any additional information including amendment explanation.)

Print Name

01/13/2010

(month, day, year)

Ticket Administrator

Agency Report	A Pub	lic Document	TICKETS PROVIDED B AGENCY REPOR
1. Agency Name County of Los Angeles	· · · · · · · · · · · · · · · · · · ·	Date Stamp	California 802
Division, Department, or Region (if applicable Board of Supervisors, Third District	le)		For Official Use Only
Street Address 500 W. Temple Street, Room 821, Los	Angeles, CA 9001	2	
	s.lacounty.gov	Amendment (M	
Agency Contact (name and title) Liz Rangel		Date of Original Fili	ng:(month, day, year)
	Face Value of Tickentify source of the source of th	et: \$ 100.00 ets below.) os Angeles Philharmonic ovided to Agency: Gratuitously	✓ E Pursuant to Contracts Income to the Official or
	ļ.	I	
			l.)
Name of Behesting Agency Official:			
Name of Behesting Agency Official: Name of Individual or Organization:		Nu	nber of Tickets:
		Nu	

I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.

Print Name

Ticket Administrator

Liz Rangel

Comment: (Use this space or an attachment for any additional information including amendment explanation.)

5. Verification

Agency Head or Designee

FPPC Form 802 (Feb/09) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

01/13/2010

(month, day, year)

Agency Report		A Pub	lic Docume	nt		PROVIDED
I. Agency Name County of Los Angeles	· · · · · · · · · · · · · · · · · · ·	·		Date Stamp	California Form	
Division, Department, or Reg Board of Supervisors, Thin					For Official	Use Only
Street Address 500 W. Temple Street, Ro		eles, CA 9001	2			
Area Code/Phone Number 213-974-3333	E-mail Irangel@bos.lac	county.gov		Amendment (Must e.	×plain in Part 5.)	
Agency Contact (name and title Liz Rangel)			Date of Original Filing:	(month, day, yea	r)
Date(s) of Event: 12 3	1		nt:	formed at Walt Disno	ey Concert Ha	ill .
Agency Event Yes Name of Outside Source of Number of Tickets Received	j:	I to Agency: Lo	os Angeles Phil	/: ☐ Gratuitously	⊠ Pursuant t	o Contra
Agency Official(s) Rece Name of Officials, First)		Number	State Wheth	ner the Distribution is Inc		
Alişa Katz		of Tickets		ne the Public Purpose for		1
	<u></u>		, , , , , , , , , , , , , , , , , , ,			·····
Individual or Organizati		i cket(s) (Provi	ded at the behest	of an agency official.)	, 112-	
Name of Behesting Agency	Official:				*	
Name of Individual or Organ	nization:		·	Number	er of Tickets: _	
Description of Organization:	-		· · ·	· · · · · · · · · · · · · · · · · · ·		
Address of Organization:	mber and Street		City		State	Zip Code
Purpose for Distribution: (D		urpose for the di	stribution to the o	rganization.)		•
Verification						

Print Name

Comment: (Use this space or an attachment for any additional information including amendment explanation.)

Ticket Administrator

01/13/2010

(month, day, year)

Agency Report	A Publ	lic Docume	ent	TICKETS PROVIDED I AGENCY REPO
1. Agency Name County of Los Angeles			Date Stamp	California 802
Division, Department, or Region (if applic	able)			For Official Use Only
Board of Supervisors, Third District				
Street Address				
500 W. Temple Street, Room 821, Lo	os Angeles, CA 90012	2		
Area Code/Phone Number E-mail			Amendment (Must e	volain in Dart E)
213-974-3333 Irangel@	bos.lacounty.gov		Amendment (Musi e	xpiain in Pail 5.)
Agency Contact (name and title) Liz Rangel			Date of Original Filing:	(month, day, year)
2. Event For Which Tickets Were D	istributed			_
Date(s) of Event: 12 /12 /09	Description of Ever	Concert pe	rformed at Walt Disn	ey Concert Hall
	Face Value of Ticke			
Agency Event Yes Do (Identify source of ticke	ets below.)		
Name of Outside Source of Ticket(s) P	Provided to Agency:	s Angeles Phi	lharmonic	
. 2				Marini —
Number of Tickets Received:	Hcket(s) Pro	vided to Agenc	y: Gratuitously	☑ Pursuant to Contract
. Agency Official(s) Receiving Tick	(et(s) (use a continuatio	on sheet for addi	tional names)	
Name of Official	Number		her the Distribution is In	
(Last, First)	of Tickets	Descri	be the Public Purpose fo	ar tha Luctribution
				i the Distribution
Susan Nissman	2	Income		in the Distribution
Suşan Nissman	2	Income		in the Distribution
Susan Nissman	2	Income		in the Distribution
Susan Nissman	2	Income		in the Distribution
			t of an agency official.)	THE DISTINGUISH
	ving Ticket(s) (Provid	ded at the behes		THE DISTINGUISH
. Individual or Organization Receiv	ving Ticket(s) (Provid	ded at the behes		
. Individual or Organization Receivents Name of Behesting Agency Official:	ving Ticket(s) (Provid	ded at the behes	Numb	
I. Individual or Organization Receive Name of Behesting Agency Official: — Name of Individual or Organization: —	ving Ticket(s) (Provid	ded at the behes	Numb	er of Tickets:

Description of Organization:

Address of Organization:
Number and Street

City
State

Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)

5. Verification

I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.

Liz Rangel

Ticket Administrator

O1/13/2010

Signature of Agency Head of Designee

Print Name

Title

(month, day, year)

FPPC Form 802 (Feb/09)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Tickets Provided by		4 D I	s		TICKETS PROVIDED 8
Agency Report		A Pub	lic Docume	ent 	AGENCY REPOR
1. Agency Name County of Los Angeles				Date Stamp	California 802
Division, Department, or Reg	ion (if applicable)				For Official Use Only
Board of Supervisors, Third	l District				
Street Address					·
500 W. Temple Street, Roo	om 821, Los Ange	les, CA 9001	2		
Area Code/Phone Number 213-974-3333	E-mail irangel@bos.lacc	ounty.gov		Amendment (Must e	xplain in Part 5.)
Agency Contact (name and title Liz Rangel)			Date of Original Filing:	(month, day, year)
2. Event For Which Tickets	S Were Distribut	ed		<u> </u>	
Date(s) of Event: 12 /16	, ,09 Desc	erintion of Evo	Concert pe	rformed at Walt Disn	ey Concert Hall
Date(s) of Event.	Desc	alpuon oi ∈ve	. 93.00		·
	/ Face	Value of Tick	et: \$		
Agency Event Yes	No (Identify s	source of ticke	ets below.)		
-	-		oc Angoloo Dh	ilharmonic	
Name of Outside Source of		to Agency:			
Number of Tickets Received	: 2	Ticket(s) Pro	vided to Agenc	y: Gratuitously	Pursuant to Contract
. Agency Official(s) Recei	ving Ticket(s) (u	se a continuati	on sheet for addi	tional names)	
Name of Office	ial	Number		her the Distribution is In	
(Last, First)		of Tickets	Descri	be the Public Purpose for	or the Distribution
Regina Marquez		2	retaining high	nly qualified county e	mployees
	-		·		
-					
. Individual or Organization	on Receiving Tic	i :ket(s) (Provi	L ded at the behes	t of an agency official.)	
Name of Behesting Agency	Official:				
					•
Name of Individual or Organ	ization:			Numb	er of Tickets:
Description of Organization:					
Address of Organization:					
Nur	nber and Street		City		State Zip Code
Purpose for Distribution: (De	escribe the public pur	rpose for the di	stribution to the o	organization.)	
N:6:4:					
I have determined that the distr					C Regulation 18944.1.
A Named	Liz Rangel		Ticket	t Administrator	01/13/2010
5. Verification I have determined that the distr Signature of Agency Head of Design	Liz Rangel				-

ickets Provided by			
gency Report	A Pub	olic Document	TICKETS PROVIDED I AGENCY REPO
Agency Name County of Los Angeles			California 802
Division, Department, or Region (if applica	able)		For Official Use Only
Board of Supervisors, Third District			
Street Address			·
500 W. Temple Street, Room 821, Lo	s Angeles, CA 9001	12	
Area Code/Phone Number E-mail		Amendment (Mu	st explain in Part 5.)
213-974-3333 Irangel@t	oos.lacounty.gov	Defend Original Filling	
Liz Rangel		Date of Original Phili	ng:(month, day, year)
Event For Which Tickets Were Di	atributad		
		Concert performed at Walt Di	sney Concert Hall
Date(s) of Event: 12 /19 /09	Description of Eve	93.00	*
	Face Value of Tick	xet; \$ 93.00	
•	dentify source of tick	•	
Name of Outside Source of Ticket(s) Pr	nvided to Agency	os Angeles Philharmonic	
Number of Tickets Received: 2	Ticket(s) Pro	ovided to Agency: Gratuitously	☑ Pursuant to Contrac
Agency Official(s) Receiving Tick	et(s) (use a continuati	ion sheet for additional names)	
Name of Official	Number	State Whether the Distribution is	Income to the Official or
(Last, First)	of Tickets	Describe the Public Purpos	e for the Distribution
Regina Marquez	2	retaining highly qualified county	/ employees
V			
Individual or Organization Receiv	ing Ticket(s) (Provi	ided at the behest of an agency official	.)
Name of Behesting Agency Official:			
Name of hadicide at an Over the state		.,	
Name of Individual or Organization:		Nur	mber of Tickets:
Description of Organization:			
	·	•	
Address of Organization: Number and Street		City	State Zip Code
		•	Grate Zip Gode
Purpose for Distribution: (Describe the p	oublic purpose for the d	istribution to the organization.)	
Verification			
I have determined that the distribution of tick	kata pat forth phovo in i	in appared and a with the armulaines of El	BDC Demulation 40044 4
	Randel	Ticket Administrator	01/13/2010
Signature of Aganga Hood of Phologopa			
Signature of Agency Head or Designee Comment: (Use this space or an attachment f	Print Name	Title	(month, day, year)

Tickets Provided by Agency Report	A Pub	lic Docume	ent	TICKETS PROVIDED B AGENCY REPOR
1. Agency Name	<u>.</u>		Date Stamp	California 802
County of Los Angeles				TOTAL COL
Division, Department, or Region (if applica	able)			For Official Use Only
Board of Supervisors, Third District				
Street Address 500 W. Temple Street, Room 821, Lo	os Angeles, CA 9001	2		
Area Code/Phone Number E-mail 213-974-3333 Irangel@l	oos.lacounty.gov		Amendment (Must exp	plain in Part 5.)
Agency Contact (name and title) Liz Rangel			Date of Original Filing: _	(month, day, year)
2. Event For Which Tickets Were Di	stributed		_	
Date(s) of Event: 12 /20 /09	Description of Eve	Concert per	rformed at Walt Disne	y Concert Hall
	Face Value of Tick	et: \$ 100.00		
	dentify source of ticke	ets below.)		
Name of Outside Source of Ticket(s) Pr	rovided to Agency:	os Angeles Ph	ilnarmonic	
Number of Tickets Received: 2	Ticket(s) Pro	vided to Agenc	y: Gratuitously	Pursuant to Contrac
3. Agency Official(s) Receiving Tick	et(s) (use a continuation	on sheet for addit	tional names)	
Name of Official ((Last, First)	Number of Tickets		her the Distribution is Inc be the Public Purpose for	
Regina Marquez	2	retaining high	nly qualified county en	nployees
-				
4. Individual or Organization Receiv	ring Ticket(s) (Provid	I ded at the behest	t of an agency official.)	
Name of Behesting Agency Official:				
Name of Individual or Organization:			Numbe	er of Tickets:
Description of Organization:			f	
Address of Organization: Number and Street		City		State Zip Code
Purpose for Distribution: (Describe the p	oublic purpose for the dis	stribution to the o	organization.)	
5. Verification			•	
I have determined that the distribution of tic	kets set forth above is ir Rangel		h the provisions of FPPC t Administrator	Regulation 18944.1. 01/13/2010
Signature of Agency Head or Upsignee	Print Name		Title	(month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)

Agency Report	A Pub	lic Docume	ent	TICKETS PROVIDE AGENCY REF
. Agency Name County of Los Angeles	· · · · · · · · · · · · · · · · · · ·		Date Stamp	California 80
Division, Department, or Region (if applicable)				For Official Use Only
Board of Supervisors, Third District				
Street Address				
500 W. Temple Street, Room 821, Los Ange	les, CA 9001	2		
Area Code/Phone Number E-mail			Amendment (Must d	explain in Part 5.)
213-974-3333 Irangel@bos.lacc	ounty.gov			,
Agency Contact (name and title) Liz Rangel			Date of Original Filing:	(month, day, year)
Event For Which Tickets Were Distribut	ed			
Date(s) of Event: 12 /12 /09 Desc	ription of Eve	nt:	rformed at Ahmanso	n Theatre
/Face	Value of Tick	et: \$		
Agency Event Yes □ No (Identify s		•	Center of Los Ange	lee County
Name of Outside Source of Ticket(s) Provided	to Agency: ᆜ		Center of Los Ange	les County
Number of Tickets Received: 2	Ticket(s) Pro	vided to Agenc	y: Gratuitously	■ Pursuant to Contr
Agency Official(s) Receiving Ticket(s) (u	se a continuation	on sheet for addi	tional names)	
Name of Official (Last, First)	Number of Tickets		her the Distribution is Ir be the Public Purpose f	
Lori Wheeler	2	retaining high	nly qualified county e	employees
-				
•				
Individual or Organization Receiving Tid	ket(s) (Provi	ded at the behes	t of an agency official.)	
Name of Behesting Agency Official:				
				-
Name of Individual or Organization:			Numb	per of Tickets:
Description of Organization:		<u>-</u>	*	
Address of Organization:		<u> </u>	-	
Number and Street		City		State Zip Co
Purpose for Distribution: (Describe the public pu	rpose for the di	stribution to the o	organization.)	
		···		
. Verification		,		

Print Name

Comment: (Use this space or an attachment for any additional information including amendment explanation.)

Signature of Agency Head or Designee

(month, day, year)